

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 571314

FILING DATE

APPLICANT(S)

CLAIMS

| | CLAIMS | | | | | | | CLAIMS | | | | | | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|--|----------|------|------------------------------------|------|------------------------------------|------|--|
| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
| 1 | | | 1 | | | | | 51 | | | | | | |
| 2 | | | | | | | | 52 | | | | | | |
| 3 | | | | | | | | 53 | | | | | | |
| 4 | | | | | | | | 54 | | | | | | |
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| 8 | | | | | | | | 58 | | | | | | |
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| 10 | | | | | | | | 60 | | | | | | |
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| 12 | | | | | | | | 62 | | | | | | |
| 13 | | | | | | | | 63 | | | | | | |
| 14 | | | | | | | | 64 | | | | | | |
| 15 | | | | | | | | 65 | | | | | | |
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| 17 | | | | | | | | 67 | | | | | | |
| 18 | | | | | | | | 68 | | | | | | |
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| 26 | | | | | | | | 76 | | | | | | |
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| 36 | | | | | | | | 86 | | | | | | |
| 37 | | | | | | | | 87 | | | | | | |
| 38 | | | | | | | | 88 | | | | | | |
| 39 | | | | | | | | 89 | | | | | | |
| 40 | | | | | | | | 90 | | | | | | |
| 41 | | | | | | | | 91 | | | | | | |
| 42 | | | | | | | | 92 | | | | | | |
| 43 | | | | | | | | 93 | | | | | | |
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| 50 | | | | | | | | 100 | | | | | | |
| TOTAL IND. | | | 1 | | | | | | | | | | | |
| TOTAL DEP. | | | 14 | | | | | | | | | | | |
| TOTAL CLAIMS | | | 15 | | | | | | | | | | | |